

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35421**

FILED NOV 7 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9105**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3823 Penrose Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 008

(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")

(d) Street No. 3832 Penrose Street 7
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Alexander Mitchell

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 19, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>3</u>	<u>3</u>	hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Terminal R R Association

12. Name Robert Mitchell

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Griffin

15. Birthplace Wales
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. A. Calloni

(b) Address 4356 Lee Avenue

17. (a) Burial (b) Date thereof 10/35/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) OCT 22 1946 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1946 hour 7:45 P. minute M.

21. I hereby certify that I attended the deceased from Feb. 26, 1946 to Oct. 22, 1946
that I last saw him/her live on Oct. 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Immediate

Due to.....

Due to.....

Arteriosclerotic Cardiovascular Disease
Other conditions Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... Means of injury.....

23. Signature Charles J. Wally (M. D. or other)
Address 3911 Cedar St. St. Louis Date signed 10/24/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Gustav W Dietrich*
Licensed Embalmer No. *4329*
P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.